

EXHIBIT A



PO BOX 1566
MANITOWOC, WI 54221-1566
ADDRESS SERVICE REQUESTED



Phone (920) 686-8891 | Toll Free 1-888-682-0396
Fax (920) 682-0313 | info@americollectpay.com
Call us CST: Mon-Fri 7AM-9PM, Sat 8AM-5PM Hablamos Espanol



ADDRESSEE

01
K [REDACTED] M [REDACTED]
999 E MICHIGAN AVE
OAK CREEK WI 53154-2245

2692871 - 01056



CHECK
BY
PHONE



NO
FEES

NO FEES - IF PAYING BY CREDIT CARD FILL OUT BELOW		
WE ACCEPT: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER		
CARD NUMBER		EXP. DATE
PLEASE PRINT NAME		
SIGNATURE		
STATEMENT DATE 08/16/14	FILE NUMBER [REDACTED] 6096	AMOUNT DUE \$1,410.20
SHOW AMOUNT PAID HERE	LiveChat	Pay online at: www.americollectpay.com User ID: [REDACTED] Password: [REDACTED]

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

AMERICOLLECT, INC
PO BOX 1566
MANITOWOC, WI 54221-1566

☐ Please check box if address or phone number has changed and indicate on back

Detach upper portion and return with payment

YOUR BALANCE IS PAST DUE

Please call us toll free at : 888-682-0396
We accept checks over the phone or pay by credit
card to protect your good credit!
No processing fees for checks or credit cards.
FILE #: 122076096



CREDITOR NAME
AURORA HEALTH CARE

ACCOUNT #
[REDACTED] 6096

LAST ACTIVITY DATE	BALANCE
02/19/2014	\$1,410.20
TOTAL: \$1,410.20	

DEMAND FOR PAYMENT IN FULL

The above have been listed with our office for collection. The entire balance is due.

In the event your payment is returned to us NSF, we may represent your check electronically.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice, that you dispute the validity of this debt or any portion thereof this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is a communication from a debt collector.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

To report complaints about Americollect please email complaint@americollectpay.com or call 1-855-238-8524.

**** NOTICE - SEE REVERSE SIDE FOR IMPORTANT INFORMATION ****



Americollect, Inc.
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Manitowoc WI 54221 | (888) 682-0396 | (920) 682-0313
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AMOUNT DUE

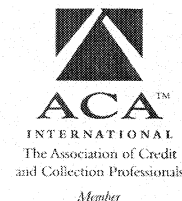
\$1,410.20



Pay online at: www.americollectpay.com
User ID: [REDACTED] Password: [REDACTED]

LPD101 - 2692871-001056-1/1-000

Name _____
Address _____
City/State/Zip _____
Phone (1) _____
Phone (2) _____
Email _____



If you provide contact information in any form, you are allowing Americollect to contact you via that information in a method we choose.

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We are required under state and federal law to notify consumers of the following rights. This list does not contain a complete list of the rights consumers have under state and federal law.

For residents of California: As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. But we will not submit a negative credit report to a credit reporting agency about this credit obligation until the expiration of the time period described on the front of this letter.

The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8am or after 9pm. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov. Nonprofit credit counseling services may be available in the area.

For residents of Colorado: FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE WWW.COLORADOATTORNEYGENERAL.GOV/CA.

A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt.

Toll Free Phone Number: 1-800-838-0100

Local Office Information: 489 N. Hwy 287 #130 Lafayette, CO 80026 Phone: 800-771-5942

For residents of Maine: Toll Free Phone Number: 1-800-838-0100 Business Hours: 7am-9pm Monday through Friday, and 8am-5pm Saturday (Central Standard Time)

For residents of Massachusetts: Business Hours: 7am-9pm Monday through Friday, and 8am-5pm Saturday (Central Standard Time). NOTICE OF IMPORTANT RIGHTS. YOU HAVE THE RIGHT TO MAKE A WRITTEN OR ORAL REQUEST THAT TELEPHONE CALLS REGARDING YOUR DEBT NOT BE MADE TO YOU AT YOUR PLACE OF EMPLOYMENT. ANY SUCH ORAL REQUEST WILL BE VALID FOR ONLY TEN DAYS UNLESS YOU PROVIDE WRITTEN CONFIRMATION OF THE REQUEST POSTMARKED OR DELIVERED WITHIN SEVEN DAYS OF SUCH REQUEST. YOU MAY TERMINATE THIS REQUEST BY WRITING TO THE DEBT COLLECTOR.

For residents of Minnesota: This collection agency is licensed by the Minnesota Department of Commerce. If this debt is healthcare related and you feel that your concerns have not been addressed, please contact Americollect, Inc. and allow us the opportunity to try and address your concerns. Or, you have the option to address any concerns with the Minnesota Attorney General's Office, which can be reached at 651-296-3353 or 1-800-657-3787.

For residents of Nevada: If you pay or agree to pay the debt or any portion of the debt, the payment or agreement to pay may be construed as an acknowledgement of the debt and a waiver of any applicable statute of limitations set forth in NRS 11.190 that otherwise precludes the collection of the debt. If you do not understand or have questions concerning your legal rights or obligations relating to the debt, you should seek legal advice.

For residents of North Carolina: Our permit number is 107992 Americollect, Inc. 1851 S. Alverno RD
PO Box 1566 Manitowoc, WI 54221.

For residents of Utah: As required by Utah law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. But we will not submit a negative credit report to a credit reporting agency about this credit obligation until the expiration of the time period described on the front of this letter.

For residents of Wisconsin: This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org